

ADULT FOSTER CARE ACTIVITIES OF DAILY LIVING ASSESSMENT TOOL

Resident: \_\_\_\_\_

Provider: \_\_\_\_\_

Date: \_\_\_\_\_

**DRESSING**

- Dresses without any help
- Needs and receives supervision
- Needs and receives help
- Unable to participate
- Is never dressed

**GROOMING**

- Grooms self without any help
- Needs and receives supervision
- Needs and receives daily help
- Unable to participate

**HEARING**

- No hearing impairment
- Hearing difficulty at conversation level
- Hears only if very loud sounds
- No useful hearing
- Not determined

**BED MOBILITY**

- Moves self in bed without help
- Needs and receives occasional help to sit up
- Always needs and receives help to sit up
- Needs and receives turning and positioning

**WALKING**

- Walks without any help
- Needs and receives help of a device
- Needs and receives personal help
- Unable to walk, difficulty with stairs

**COMMUNICATION**

- Communicates needs
- Communicates needs with difficulty but is understood
- Communicates needs with symbols or gestures
- Communicates inappropriate content
- Does not communicate needs

**MEDICATION**

- Takes no medication
- Takes own medication and self-monitors
- Care giver administers medication or monitors

**PREPARING FOOD**

- Capable of preparing required meals
- Needs and receives assistance to prepare meals
- Cannot prepare any meals

**PERSONAL BUSINESS**

- Handles financial matters independently
- Needs and receives some business
- Unable to handle financial matters
- Completed by others out of habit

**BATHING**

- Bathe without any help
- Needs and receives supervision
- Needs and receives help in/out of tub
- Needs and receives help with wash/dry
- Unable to participate

**EATING**

- Feeds self without help
- Needs and receives supervision
- Needs and receives personal assistance
- Needs and receives partial feeding
- Needs and receives total feeding

**VISION**

- Has no vision impairment
- Has difficulty seeing at level of print
- Has difficulty seeing obstacles in environment
- Has no useful vision
- Not determined

**TRANSFERRING**

- Transfers without any help
- Needs and receives guidance only
- Needs and receives physical aid
- Unable to participate
- Remains bedfast

**WHEELING**

- Does not use wheelchair
- Receives help with wheeling
- Needs and receives minimal help with wheeling
- Needs and receives total help with wheeling

**TOILETING**

- Independent
- Needs and receives help to toilet - no incontinence
- Occasional incontinence
- Nocturnal incontinence only
- Incontinent bladder or bowel

**USE OF TELEPHONE**

- Uses phone independently
- Needs and receives some assistance
- Answers phone only
- Unable to use phone

**ORIENTATION**

- Oriented
- Minor forgetfulness
- Partial periods of disorientation
- Totally disoriented

Assessor's initials \_\_\_\_\_